



IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Applicant:

William G. Thilly

Application No.:

09/503,758

Group:

1637

Filed:

February 14, 2000

Examiner:

T. Strzelecka

For:

Methods of Identifying Point Mutations in a Genome

RECEIVED

JUL 29 2002

TECH CENTER 1600/290

CERTIFICATE OF MAILING

I hereby certify that this correspondence is being deposited with the United States Postal Service with sufficient postage as First Class Mail in an envelope addressed to Assistant Commissioner for Patents, P.O. Box 2327, Arlington, VA 22202

on

Date

7/19/02

Signature

K. Bastarache

Kathleen M. Bastarache

Typed or printed name of person signing certificate

Assistant Commissioner for Patents

P.O. Box 2327

Arlington, VA 22202

Sir:

Transmitted herewith is Amendment B for filing in the above-identified application.

[] Small entity status of this application under 37 C.F.R. 1.9 and 1.27 has been established by a Small Entity Statement previously submitted.

[] A Small Entity Statement to establish small entity status under 37 C.F.R. 1.9 and 1.27 is enclosed.

The fee has been calculated as shown below:

(COL. 1)		(COL. 2)		(COL. 3)
	CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NO. PREVIOUSLY PAID FOR	PRESENT EXTRA
TOTAL	60	MINUS	* 60	0
INDEP	15	MINUS	** 15	0
<input type="checkbox"/> FIRST PRESENTATION OF MULTIPLE DEP. CLAIM				

* not fewer than 20

** not fewer than 3

SMALL ENTITY

RATE		ADDIT. FEE
X	\$ 9	\$
X	\$42	\$
+	\$140	\$

TOTAL = \$ 0

OTHER THAN
SMALL ENTITY

RATE		ADDIT. FEE
X	\$18	\$
X	\$84	\$
+	\$280	\$

TOTAL = \$ 0

Please charge Deposit Account No. 08-0380 for the following fees:

<input type="checkbox"/>	Petition for [] month Extension of Time	\$	_____
<input type="checkbox"/>	Amendment Fee	\$	_____
<input type="checkbox"/>	Other Fees:		
	_____	\$	_____
	_____	\$	_____
	TOTAL:	\$	<u>0</u>

A check is enclosed in payment of the following fees:

<input checked="" type="checkbox"/>	Petition for one month Extension of Time	\$	<u>110</u>
<input type="checkbox"/>	Amendment Fee	\$	_____
<input type="checkbox"/>	Other Fees:		
	_____	\$	_____
	_____	\$	_____
	TOTAL:	\$	<u>110</u>

☒ A general authorization is hereby granted to charge Deposit Account No. 08-0380 for any fees required under 37 C.F.R. 1.16 and 1.17 in order to maintain pendency of this application. A copy of this authorization is enclosed for accounting purposes.

Respectfully submitted,

HAMILTON, BROOK, SMITH & REYNOLDS, P.C.

By Doreen M. Hogle
Doreen M. Hogle
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Telephone (978) 341-0036
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Concord, Massachusetts 01742-9133

Dated: July 18, 2002